



PUBLIC HEALTH BRIEFING

RHODE ISLAND DEPARTMENT OF HEALTH • DAVID GIFFORD, MD, MPH, DIRECTOR OF HEALTH

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OSTEOPOROSIS AND YOU!

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THE NEED

Low bone mass (LBM) often goes undetected. It is estimated that over 50% of postmenopausal women have osteoporosis or osteopenia. Of this population, it is predicted that half have not been diagnosed and are unaware of their risk for fracture.¹ According to one survey, only 15% of women aged 45 and older who have *never* been told they have osteoporosis believe that they are at risk for the disease. In contrast to this, 64% of respondents had at least two risk factors for osteoporosis.²

<i>Osteoporosis</i> is defined as:	LBM t-score < - 2.5
<i>Osteopenia</i> is defined as:	LBM t-score < - 1.0 but > - 2.5

Osteoporosis is often viewed as a disease that solely affects Caucasian females. However, 20% of people with osteoporosis are men. In addition, all women, regardless of race and ethnicity, are at high risk of developing osteoporosis. Opportunities for educating African American, Asian, Native American, and Hispanic women about osteoporosis are often missed. These women frequently remain undiagnosed, and therefore miss the benefits of treatment. Although African American women typically have greater bone mass than white women, they do experience fractures. In comparison with their Caucasian counterparts, African American women who fracture are found to experience greater disability, longer hospital stays, and higher mortality.^{3,4}

It has been well documented that physicians do not routinely speak to patients about the prevention of osteoporosis and its risks. Studies find that 42-54% of respondents report that they have never spoken with a doctor about osteoporosis.^{2,4,5} In a 2003 Rhode Island survey, 63% of female respondents and only 10% of male respondents aged 50 and older

remembered ever speaking to a health care provider about osteoporosis.⁶

Preventing fracture is critical to sustain the quality of life in those who suffer from osteoporosis and osteopenia. Osteoporotic fractures are often painful and life-altering. They commonly cause deformity, disability, and death. A decrease in the activities of daily living, depression, cognitive decline, and social isolation are also associated with this disease.^{4,7} Prevention needs to start with education. Women and men need: 1) To know the risk factors

for the development of osteoporosis; 2) To speak with their doctor about their risk; and 3) To take action to maintain bone strength and prevent bone loss.

RESPONSE TO NEED

The **Arthritis Foundation (AF)**, Southern New England Chapter, the **Osteoporosis Education Program (OEP)** of the **Rhode Island Department of Health (HEALTH)**, and the **Rhode Island Osteoporosis Coalition (RIOC)** joined forces in March 2001 to offer the first **Osteoporosis and You! (OY)** instructor training. OY is an AF program that was originally designed to educate *adults with arthritis* about their risk of developing osteoporosis. However, it was also viewed as a valuable resource to educate the *general public* about osteoporosis. A 'train the instructor' model was chosen as the most efficient approach to implementation. OY consists of six modules covering 1) basic information about the development of osteoporosis; 2) diagnosis; 3) nutrition; 4) exercise; 5) fractures and fall prevention; and 6) medications. Health professionals specializing in these content areas train the OY instructors, providing them

with the tools needed to educate the public.

With the support of grants from pharmaceutical companies and from the Office of Minority Health of the Rhode Island Department of Health, five trainings and three recertification trainings have been offered since 2001, including 1 targeted training for professionals serving minority populations. (HEALTH also supported the translation of OY educational materials into Spanish.) A total of 103 nurses, dietitians, occupational therapists, physical therapists, and health educators were OY-certified to offer classes in senior centers, assisted living facilities, hospitals, minority health agencies, physical therapy clinics, and community centers statewide. A sixth training is planned for November 2005.

TRAINING DESIGN

The full-day OY instructor training covers six modules on osteoporosis and one on running OY classes for the general public. Speakers at the trainings receive small honoraria (excluding those who work for state agencies or the AF). To defray training costs (including an extensive array of curriculum materials used in public education classes), a registration fee is charged, subsidized by grant funding. Fees have ranged from \$0 to \$65.

PUBLIC HEALTH APPROACH

OEP (at HEALTH, located in the Office of Women's Health, Division of Disease Prevention and Control) is a program created by the Rhode Island General Assembly in 1997. Its charge is to "use existing resources to educate the public on the causes of osteoporosis and the personal risk factors, publicize the value of early detection and prevention, and identify the most cost-effective options available for treatment."⁸

RIOC convened as the Rhode Island Osteoporosis Group in 1997. Members include representatives from agencies and organizations within the health care industry and interested individuals from the public. Members completed the *Osteoporosis State Plan, 2003-2008* in April, 2003, and became a coalition in June of that year. The Coalition is currently unfunded and receives resources from the private sector to accomplish its goals and objectives on an "as needed" basis. HEALTH provides a part-time person to staff the Coalition. It is duly noted that, unlike other life-threatening and debilitating diseases, osteoporosis is not represented by a local chapter of any national foundation or association. The RIOC members have come together to take on this charge.

AF, Southern New England Chapter, is a non-profit agency. The AF's mission is to improve lives through leadership in the prevention, control, and cure of arthritis and related diseases. Osteoporosis is a related disease because the long-term use of steroids to treat some forms of arthritis increases the risk of developing osteoporosis. The AF certifies and coordinates OY instructors. In addition to educating their own clients or patients, instructors are strongly encouraged to speak on a volunteer basis in the community year round and during Osteoporosis Awareness and Prevention Month in May.

All three agencies share the same goal: to reduce the burden of osteoporosis in Rhode Island. Each contributes to the effort through staffing, printing, educational materials, expertise in a variety of areas, and meeting space.

An example of the collaborative effort is the May 2005 public education campaign. The goal was to increase the diversity of the people we reach. Senior centers, community agencies, and worksites that reach minority populations were invited to participate. They were offered an osteoporosis screening, an information table at their health fairs, an OY presentation, and educational materials and posters.

APPLICABILITY ACROSS THE BOARD: THE MODEL

Such initiatives could not be undertaken without the brainpower, manpower, and resources that members of RIOC, OEP, and AF bring to the table. More than ever, people are educating themselves about health, advocating for themselves, and speaking to their doctors about preventing chronic disease. The public is hungry for information and resources to assist them to make lifestyle changes at a time when the economic climate does not support the staffing required to meet the demand for such requests. State agencies and health care programs must pool resources to achieve common goals.

For more information about how you can get involved with the RIOC or to learn more about the OY trainings and classes, contact Nancy Sutton at HEALTH at (401) 222-7636. The Coalition provides information to the public through the **Osteoporosis Hotline: (401) 444-6216**.

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